Surgicare of Hawai'i

PATIENT RIGHTS & RESPONSIBILITIES

As a patient you have Rights and Responsibilities. We encourage you to understand and exercise your Rights. If you need help in understanding your rights, please let us know.

PATIENT RIGHTS

Respectful and Supportive Care:

You have the right to kind and respectful care in a safe and secure environment free from abuse, neglect, harassment, humiliation and exploitation. You have the right to receive supportive care that respects your psychological, social, emotional, spiritual, personal values, beliefs, preferences and cultural needs within the extent of the law. You have the right to your privacy being respected within the limitations of the facility. You have the right to be treated with dignity and respect by all members of our staff. You have the right to expect our staff will uphold these rights.

Nondiscrimination:

The facility does not discriminate on the basis of race, color, national origin, sex, age or disability in providing health care services to its patients. You have the right to exercise these rights regardless of your race, color, physical or mental disability, ethnicity, gender, gender identity or expression, sexual orientation, creed, age, religion or national origin, cultural or educational background, economic or health status, English proficiency or reading skills. The effectiveness and safety of care, treatment and services does not depend on your ability to pay.

Right to Treatment:

You have the right to access care as long as it is within the facility's capacity. You have the right to know if the facility is not able to provide care for you in the appropriate setting, and of other options for care.

Information about Treatment:

You or your representative has the right to participate in developing and making informed decisions about your care. You have the right to be informed of the outcomes of your care, including unanticipated outcomes. You have a right to know the names and roles of the providers responsible for your care, treatment and services. You have the right to include or exclude any or all of your family members from participating in your care. You also have the right to request that either information be given, or that no information be given to your physician, family and others regarding your admission.

Participation in Care Planning:

You have the right to make informed decisions regarding your care and health status. You have the right to be involved in care planning and treatment. You have the right to discuss the risks, benefits, and alternatives in terms you can understand, except in emergency situations. You have the right to refuse treatment including life-sustaining treatment to the extent permitted by law, and to be informed of the consequences of your decisions. You have the right to be involved in post discharge decisions.

Cultural and Religious Beliefs:

You have the right to express your spiritual and cultural beliefs as long as these do not harm others or interfere with treatment to the extent allowable by law. You have the right to receive pastoral care and other spiritual services as requested.

Pain Management:

You have the right to an appropriate assessment and management of pain as an important part of your care plan.

Advance Directives:

You have the right to create an Advance Directive (such as a living will or durable power of attorney for health care). The facility will honor your wishes to the extent permitted by law and facility policy. You also have the right to designate a surrogate decision maker.

Restraints:

You have the right to be free from chemical or physical restraint. You have a right to be free from seclusion as a means of convenience, discipline, coercion, or retaliation. In an emergency or when a physician authorizes it, restraints may be used to protect you or others from injury. If restraints are indicated, the least restrictive method will be used.

Research:

You have the right to consent or decline to participate in any research project. You also have the right to have it fully explained prior to consent. If you decline to participate, you will continue to receive appropriate care.

Billing Information:

You have the right to request a copy of your bill. You also have the right to question and receive an explanation of your charges.

Communication:

You have the right to receive information in a way that you can understand. Free language services will be provided for patients whose primary language is not English, such as qualified interpreter services and/or information written in other languages. You have the right to interpreter services if you have a vision, hearing, speech, language or cognitive impairment. These free services include the use of assistive devices or sign language interpretation. Should any form of communication be withheld, including visitors, mail, or telephone calls, you or your legal representative will be involved. To request auxiliary aids and services, including qualified interpreters for individuals with disabilities and information in alternate formats, or language assistance services, including translated documents and oral interpretation, speak with one of your health care providers.

Confidentiality of Health Medical Information:

You have the right to confidentiality of your health information. For further information, please refer to our "Notice of Privacy Practices".

Visitation Rights:

You have the right to consent to receive visitors of your choice including your spouse or domestic partner (including a same-sex domestic partner), another family member, or friend. You also have the right to deny or withdraw your consent at any time. Visitation will not be restricted, limited or denied on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. You have the right to be informed of any clinically necessary or reasonable restriction or limitation that the facility may need to place on visitation rights.

Protective Services:

You have the right to access protective services. The names, address and telephone numbers of protective agencies will be provided upon request.

Ethical Issues Care at the End of Life:

You have the right to be informed and involved with any ethical questions during the course of your care. You also have the right to be involved in any issues dealing with care at the end of life. You may speak to your physician, social worker, case manager or Chaplain.

Disclosure:

You have the right to expect the facility to disclose, when applicable, physician financial interests or ownership in the center.

Concerns and Complaints:

You have the right to discuss concerns, complaints or file formal grievances about your medical care and treatment. Additionally, if you believe that the facility has discriminated on the basis of race, color, national origin, age, disability or sex, you can file a grievance with the facility administrator:

Surgicare of Hawai'i 500 Ala Moana Blvd #1B Honolulu, HI 96813 Phone: 528-2511

In addition, you have the right to file a grievance with:

State Department of Health Office of Healthcare Assurance 601 Kamokila Blvd. Rm. 361 Kapolei, HI 96707

Phone: 692-7420

Office of the Medicare Beneficiary Ombudsman

http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html

The Joint Commission One Renaissance Blvd Oakbrook Terrace, IL 60181 Phone: 1-800-994-6610

E-Mail: complaint@jointcommission.org

Complaints regarding civil rights issues may be submitted to:

https://ocrportal.hhs.gov.ocr/portal/lobby.jsf OR U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F HHH Building Washington, D.C. 20201 1-800-868-1019, 800-537-7697 (TDD) http://www.hhs.gov/ocr/office/file/index.html

Complaint forms are available at: http://www.hhs.gov/ocr/office/file/index.html

PATIENT RESPONSIBILITIES

Accurate information:

You have the responsibility to provide accurate and complete information, about past illnesses, hospitalizations, medications and other matters relevant to your medical history. You have the responsibility to report any changes in your condition to your health care providers. You are responsible for the outcomes and consequences if you do not cooperate with your care, service or treatment plan. You have the responsibility to inform your providers about any living will, medical power of attorney, or other advance directive that could affect your care.

Participation:

You have the responsibility to ask questions when you do not understand your care and treatment. You have the responsibility to ask questions regarding the service(s), or what is expected of you. You are responsible for providing a responsible adult to transport you home from the facility and remain with you for 24 hours if required by your provider.

Condition of Treatment:

You have the responsibility to participate in your care in order to make informed choices. You are responsible for keeping appointments and, when unable to do so for any reason, notifying the facility and the provider. If you do not follow the treatment plan agreed upon, you have the responsibility to understand the consequences of your actions. You have the responsibility to notify your physician or other health care providers if the designated treatment plans cannot be followed.

Consideration and Respect:

You, your family and visitors have the responsibility to be caring to others by respecting the rights, privacy and feelings of staff and other patients. You, your family and visitors have the responsibility to keep from creating a disruption in clinical operations. You, your family and visitors have the responsibility to follow all facility rules with regard to conduct, security, and use of facility property.

Financial Fulfillment:

You have the responsibility to provide insurance information in a complete and timely manner. You have the responsibility to pay your bills as required.

This patient bill of rights is not a legal document. It is a statement of rights and responsibilities presented in the interest of better patient care. We appreciate your willingness to speak to your physician and health care providers about your health care needs. We encourage you to discuss any issues, knowing that you can do so free of interference, discrimination, restraint or reprisal from our organizations.